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			*	I (we (we con			Teleph Is you Struct Fair N USE:	Property Owner Susaut Address of Property XX Address of Property XX	INS Chee	3458 >>0
	Mitigation Condition:	Reason Inspecti	See Notice on Permit Issued	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) are (are) providing and that it will be relied upon by Bayfield County in determining whether (we) are (are) providing in or with this application. I (we) or issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administrating county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) Owner or Authorized Agent (Signature) ATTACH ACH ACH ACH CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT AND THE WILL RESULT IN PENALTIES I (we) acknowledge and belief it is true, correct and complete. I (we) and to the best of my low of the two or with this application. I (we) amd that it will be relied upon by Bayfield County in determining whether the purpose of inspection of the board of the best of my low or the purpose of inspection of the best of my low or the purpose of inspection of the best of my low or the best of my low or the best of my low or t	Residence sq. ft. 4/36 Carage (# of bedrooms) Scare Scare Commercial Accessory Building Add Residence sq. ft. 4/36 Carage sq. ft. 13 X 20 = 360 Special/Conditional Use (explain) Residential Addition / Alteration (explain) On a 20 20 20 20 Special/Conditional Use (explain) Residential Accessory Building (explain) Carage Scare Sca	Residence or Principal Structure Residence sq. ft	Telephone 507-348-7663(H	Property Owner Susant	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department. LAND USE SANITARY PRIVY CONDITIONAL USE SPECULAR Statement for Legal Description Use Tax Statement for Legal Description We see The County Township 43	SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138
	\$ 1 S	Reason for Denial: Well Inspection Record: Well (4914)	See Notice on Back Permit Issued:	FAILU FAILU hat this app. lige that I (we) nit. I (we) nity officia thorized the condition of the condition	sq. ft. 4 sq. ft. 4 lal Addition al Accesso	Residence or Principal Structure (# of bedrooms) sidence sq. ft. Residence w/deck-porch (# of bedrooms) esidence sq. ft. Parch sq. ft Deck(2) sq. ft	ture in a structure in a structure in a structure.	operty ×	NS: No pede payable de payable RT CONS' ms must be among the SA' SA' syment for	OMPLET OMPLET TON, TAX TO; TO; TO Sounty Zon 8 WI 54891 5138
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APR	varian fieldswit Sto and Justin Inspector	Date	VERSE SIDE VERSE SIDE Date Permit Denied (Date)	f A PERMIT to best of my (og and that it will mation I (we) ibed property	□ Commercial Accessory Building Addition (explain) □ Commercial Other (explain) □ Special/Conditional Use (explain) □ External Improvements to Principal Building (explain) □ External Improvements to Accessory Building (explain)	□ Mobile Home (manufactured date) □ Commercial Principal Building □ Commercial Principal Building Addition (explain) □ Commercial Accessory Building (explain)	Written Authorization Attached: Yes Distance from Shoreline: greater than Basement: Yes No Sanitary: New Existing Type of Septic/Sanitary System	Authorized Agent Soe Schaun	*pt. CANT. SPECIAL USE North. Range	
. 227011 . 227011		. Rapputy Date of Inspection	O M	AIT WILL yy (our) kno will be reli (we) am (a arty at any	/ Building plain) e (explair s to Princ s to Acces	tured dat uilding _ uilding A uilding A	ttached: Ye e: greater tha No Existing	1711 -14-c clavi	3 B.O.	Application No. Date: Zoning District Amount Paid:
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	Ston m water Ston m water 4-1 Date of A	Cria	(If you recently purchased the property Attach a Copy of Recorded Deed) e 4-/4-/1	T IN <u>PENALII</u> It belief it is true, of Bayfield County is ng in or with this e time for the p 3-22-16 ATTACI ATTACI ATTACI ATTACI ATTACI ATTACI ATTACI ATTACI ATTACI	Jition (explain) Building (explain) y Building (explair)	xplain)	Number of Stories Privy Privy	00-275 Phone)	OTHER	ENTERED)
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himbon	Mitigation Plan Required: Yes X No Condition: See attacked	Reason for Denial: Inspection Record: Uella (Leguarda Leguarda)	Permit Issued:
Signed Made in	Mita	Reason for Denial: Inspection Record: Wellstabled. Mestalls Harles. Roperty Unica puray (Lephenty Totals By M. Futals Date of Inspection 4-12-11	State Sanitary Number 10 - 1445 Permit Number 11 - 0061 Permi
Signed Michael Fulfel Inspector Medic'd for Issuance	Variance (B.O.A.)# Lidavit, Stonmwat	Harles. Roperty Lander Date of Inspection 4-1	1445 Date 4-74 Permit Denied (Date)
4-/3-// Date of Approval	sates plan	mes puage	11-14

